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Faculty Senate

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CURRICULUM COMMITTEE RECOMMENDATION

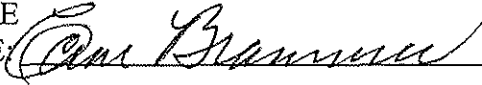
SR-09-10-(15) 61 CC

Recommends approval of the revisions to add General Education Council Chair to the Signatures area of the attached forms, Request for Undergraduate Course Addition and Request for Undergraduate Course Change.

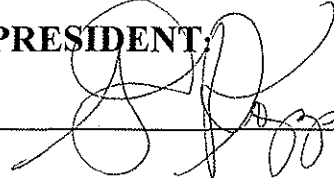
RATIONALE:

The signature line is being added to show approval for those courses that will be Core Curriculum courses and that have been reviewed by the General Education Council to ensure they meet the established criteria.

FACULTY SENATE CHAIR:

APPROVED BY THE
FACULTY SENATE:  DATE: 12/14/09

DISAPPROVED BY THE
FACULTY SENATE: _____ DATE: _____

UNIVERSITY PRESIDENT: 

APPROVED: _____ DATE: 1/13/10

DISAPPROVED: _____ DATE: _____

COMMENTS: _____

Request for Undergraduate Course Addition

1. Prepare one paper copy and obtain signatures from the Department Chair/Head, Librarian, and College Dean. 2. Submit the form to your College Curriculum Committee. 3. After obtaining the signature of the College Curriculum Chair, send the paper copy to Bernice Bullock in the Faculty Senate office. 4. Send an identical (sans signatures) ELECTRONIC COPY and all supporting documentation in PDF format by email to bullockb@marshall.edu.

College: _____ Department/Division: _____ Alpha Designator/Number: _____ Graded: _____ CR/NC: _____

Contact Person: _____ Phone: _____

NEW COURSE DATA:

New Course Title: _____

Alpha Designator/Number: _____

Title Abbreviation: _____
(Limit of 30 characters and spaces.)

Course Description (Limit of 30 words): _____

Co-requisite(s): _____ First Term to be Offered: _____

Prerequisite(s): _____ Credit Hours: _____

Course(s) being deleted in place of this addition (must submit course deletion form): _____

CHECKLIST/REQUIREMENTS

1. After completing this two page form in its entirety, include a complete syllabus and route through the departments/committees below.
2. A complete syllabus can be from when this course was previously taught as a special topics course or by creating a new, intended syllabus to use with the course. The sample syllabus must at a minimum address the following areas:
 - a. COURSE OBJECTIVES
 - b. COURSE OUTLINE
 - c. SAMPLE TEXT(S) WITH AUTHOR(S) AND PUBLICATION DATE
 - d. INSTRUCTIONAL METHODS (Lecture, Lab, Internship, Practicum, etc...)
 - e. EVALUATION METHODS (Unit/Chapter, Midterm, Final, Projects, etc...)
3. If this course will replace a course that is required by another department, please send a memo to the affected department and include it with this packet, as well as, the response received from the affected department.
4. If this course will be similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet, as well as, the response received from the affected department.
5. Send a copy of this completed form to the Marshall University Catalog Editor.

SIGNATURES: (If disapproved at any level, do not sign. Return to previous signer.)

Department Chair/Division Head: _____	Date: _____
Registrar: _____	Date: _____
Librarian: _____	Date: _____
College Dean: _____	Date: _____
College Curriculum Chair: _____	Date: _____
General Education Council Chair *: _____	Date: _____
University Curriculum Committee Chair: _____	Date: _____
Faculty Senate Chair: _____	Date: _____
VP Academic Affairs/VP Health Science: _____	Date: _____

* - Signature necessary only if course is to be Core Curriculum Course
University Curriculum Committee - Course Addition Form

Revised 11/02/2009

Request for Undergraduate Course Change

1. Prepare one paper copy and obtain signatures from the Department Chair/Head, Librarian, and College Dean. 2. Submit the form to your College Curriculum Committee. 3. After obtaining the signature of the College Curriculum Chair, send the paper copy to Bernice Bullock in the Faculty Senate office. 4. Send an identical (sans signatures) ELECTRONIC COPY and all supporting documentation in PDF format by email to bullockb@marshall.edu

College: _____ Department/Division: _____ Current Alpha Designator/Number: _____

Contact Person: _____ Phone: _____

CURRENT COURSE DATA:

Full Course Title: _____

Catalog Title Abbreviation: _____

Alpha Designator/Number: _____ Credit Hours: _____

Term for which changes will be effective (Fill in with appropriate calendar year.):

Fall _____ Spring _____ Summer _____ Other _____

CHECKLIST/QUESTIONS:

1. Complete this three page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator (see accompanying note to the section on the next page), course number, course content, credit hours, or catalog description.
2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as, the response received from the affected department.
3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet, as well as, the response received from the affected department.
4. List courses, if any, that will be deleted because of this change (must submit course deletion form): _____
5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.
6. If library resources are deemed inadequate, include in the rationale a plan to overcome this. The plan must include the cost as stated by the Dean of Libraries.
7. Send a copy of this completed form to the Marshall University Catalog Editor.

SIGNATURES: (If disapproved at any level, do not sign. Return to previous signer.)

Department Chair/Division Head: _____	Date: _____
Registrar: _____	Date: _____
Librarian: _____	Date: _____
College Dean: _____	Date: _____
College Curriculum Chair: _____	Date: _____
General Education Council Chair *: _____	Date: _____
University Curriculum Committee Chair: _____	Date: _____
Faculty Senate Chair: _____	Date: _____
VP Academic Affairs/VP Health Science: _____	Date: _____

* - Signature necessary only if course is to be Core Curriculum Course
University Curriculum Committee - Course Change Form